

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL
ADJUDICATION OF RIGHTS TO
THE USE OF WATER FROM THE
COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER:

49576

Ident. Number:

94-7045

Date Received:

5-30-13

Receipt No.:

N029884

RECEIVED

MAY 30 2013

IDWR/NORTHERN

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
RONALD OR PAULA LAVIGNE	P.O. BOX 698	OSBURN	ID	USA	83849

2. Date of Priority:

Date	Explanation
1/9/1974	

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	04E	21		NW	SW	SHOSHONE

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.120	4.80	0.0

Totals:

CFS	AF	KW
0.120	4.80	

8. Place of Use:

SCANNED
MAY 30 2013

Water Use	Township	Range	Section	Q	Q	County	Gov Lot	Acreage
DOMESTIC	48N	04E	21	SW	SW	SHOSHONE	-	-

9. Basis of Claim:

Basis	WaterRight
License	94-7045

10. Signature(s):

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Coeur d'Alene-Spokane River Basin Adjudication." (b.) I/We do ___ do not ___ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): _____ Date: _____
 _____ Date: _____

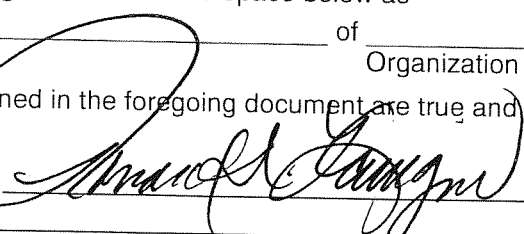
For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____,
 Title Organization

that I have signed the foregoing document in the space below as

_____ of _____,
 Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent  Date 5/22/2013

Title and Organization _____
 Please print name

SCANNED
 MAY 30 2013